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Summary record of the 2261st meeting
Held at the Palais Wilson, Geneva, on Friday, 19 January 2018, at 10 a.m.

Chair: Ms. Aho Assouma (Vice-Chair)

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In the absence of Ms. Winter, Ms. Aho Assouma, Vice-Chair, took the Chair.

The meeting was called to order at 10.05 a.m.

Consideration of reports of States parties (*continued*)

Combined fifth and sixth periodic reports of Seychelles (*continued*) (CRC/C/SYC/5-6; CRC/C/SYC/Q/5-6 and CRC/C/SYC/Q/5-6/Add.1)

1. *At the invitation of the Chair, the delegation of Seychelles took places at the Committee table.*

2. **Ms. Simeon** (Seychelles) said that the Government was working to build capacity in the medical field by offering better training and salaries in order to improve services at point of use. In addition, careers in mental health were being promoted in order to strengthen the services delivered in that area. As a result of those efforts, the number of practitioners had increased markedly in recent years: the number of medical practitioners had risen from 93 in 2012 to 177 in 2016, and there were now 7 paediatricians and 11 doctors specializing in maternal and child health. There were 5 psychologists, 6 provisional psychologists and 3 psychiatrists working within the Ministry of Education, the Ministry of Health and other relevant bodies.

3. Seychelles had endorsed the Global Strategy for Infant and Young Child Feeding and was a signatory to several World Health Assembly instruments on infants and young children, including the International Code of Marketing of Breast-milk Substitutes. In 2015, one of the country's hospitals had been accredited as baby-friendly by external assessors under the baby-friendly hospital initiative of the World Health Organization and the United Nations Children's Fund.

4. Data on breastfeeding had been routinely collected since 2013; according to statistics, the exclusive breastfeeding rate on discharge from hospital was 89 per cent. Maternity leave was three months; after that period, some working mothers expressed breast milk, which was then fed to their babies in bottles. Non-working mothers continued breastfeeding for up to one year. The Family Health and Nutrition Unit was assessing a programme under which district nurses conducted home visits to monitor and support mothers.

5. **Mr. Rodríguez Reyes** said that he would appreciate clarification on the total number of hospitals in the country and on the number of baby-friendly hospitals.

6. **Ms. Simeon** (Seychelles) said that there were three hospitals in the country. The baby-friendly hospital initiative had been implemented at one hospital and would eventually be rolled out to the remaining two. National immunization coverage for children stood at nearly 100 per cent. Vaccination was offered at various stages between the ages of 3 months and 15 years.

7. As a result of targeted health education sessions for youth in schools and at the district level and awareness-raising programmes on sexual health, the number of legally obtained abortions had decreased over the previous three years, as had the number of illegal and unsafe abortions that had been identified. In 2013, there had been 543 legal abortions, 90 of which had been medically performed. In 2015, there had been 488 legal abortions, 68 of which had been medically performed. The number of unsafe abortions had fallen from 25 in 2013 to 16 in 2015. No deaths from non-medical or unsafe abortions had been recorded for a number of years.

8. **Ms. Ayoubi Idrissi** (Country Rapporteur) said that she wished to know how the State party learned of abortions performed in non-medical settings.

9. **Mr. Rodríguez Reyes** said that he would like to hear about the State party's compliance with article 26 of the Convention, which concerned the right to social security.

10. **Ms. Simeon** (Seychelles) said that women and girls who underwent non-medical abortions in the home usually reported to a hospital subsequently; as a result, those abortions were officially recorded.

11. **Ms. Ayoubi Idrissi** said that abortions performed in the home ran a high risk of complications. She would thus welcome a description of the procedures involved and would like to know what concrete measures were being taken to prevent the performance of abortions in non-medical settings.

12. **Ms. Simeon** (Seychelles) said that measures to prevent such abortions included reproductive health education in both schools and maternal health clinics and media-based awareness-raising regarding the dangers of such practices.

13. All pregnant women and girls were screened for HIV; those who were HIV-positive were registered in a programme for the prevention of mother-to-child transmission, and Caesarean sections were performed when HIV status was confirmed late in pregnancy. The babies of HIV-positive mothers were exclusively fed infant formula, which was provided free of charge for the first three months of life. Although no cases of mother-to-child transmission had been recorded in 2015 or 2016, there had been one such case in 2017. The National AIDS Council, which engaged in advocacy and research, involved children in the development of policies to combat HIV/AIDS.

14. The National Adolescent Sexual and Reproductive Health Policy, which had been in place since 2015 and established guidelines for the delivery of services to young persons aged 15 to 17 years, enforced parental responsibility and involvement in the sexual and reproductive health of their children under the age of 18 years. However, it enabled health workers to address the needs of high-risk, sexually active adolescents who were unable to obtain the requisite parental consent in order to receive appropriate services and treatment.

15. **The Chair** said that it would be helpful to hear about the reasons behind the high number of early pregnancies and abortions in the State party. She wondered whether young persons had access to condoms. She would like to learn more about home abortions, including details on the persons who performed them and information on how the associated health complications were handled.

16. **Ms. Ayoubi Idrissi** said that the underage pregnancy rate was a consequence of the high number of free unions involving minors. She wished to know whether the opinions of minors were taken into account when it came to obtaining parental consent for assistance such as contraception and counselling on sexual health.

17. **Ms. Simeon** (Seychelles), acknowledging the high rate of underage pregnancy, said that the Government firmly believed that the education of parents and young people was the best solution to the problem. Efforts were being made to encourage communication between parents and children and provide children with resilience-building skills. There had been no deaths resulting from non-medical abortions because, in most cases, women and girls who underwent such abortions subsequently went to hospital for treatment.

18. **Ms. Marguerite** (Seychelles) said that, given the high rate of adolescent pregnancy and abortions, care for children in high-risk situations was needed. However, parental consent for assistance was the first resort for such children.

19. **Ms. William-Melanie** (Seychelles) said that climate change education was part of the school curriculum. Although schools in low-lying areas were most at risk of flooding, all school districts had access to buildings which served as shelter in the event of a flood.

20. The phenomenon of girls living in concubinage with men was probably attributable to poverty. The Government had no information on girls under the age of 14 years who were cohabiting with men because sexual relations with a girl under the age of 15 years constituted an offence. Consent was not an applicable defence in such cases, which were monitored by social workers and investigated by police.

21. Underage pregnancy affected school dropout rates. The policy which allowed young mothers to return to school did not make it mandatory for them to resume their studies; it simply gave them the option to do so. However, girls who did not return to school were encouraged to enrol in a skills-development programme established by the Ministry of Labour. That said, because education was compulsory for the first 11 years of schooling, attendance rates up to secondary level were quite high.

22. **Ms. Sandberg** asked whether girls could continue their schooling during pregnancy and, if so, whether they were merely allowed or actively encouraged to do so.

23. **Ms. William-Melanie** (Seychelles) said that girls were allowed and encouraged by the educational, social and health-care services to remain at school until they were six months pregnant. However, some might decide to take a one-year break and then re-enrol in the education system. Thirteen girls had been re-enrolled in 2016 and 20 in 2017.

24. The National Plan of Action for Children (2005–2009) had been based on input and budgetary funds from all sectors that implemented children's programmes. It had initially been replaced by the Social Renaissance National Action Plan (2011–2016) and subsequently by the new Family Action Plan. The Ministry of Family Affairs had been allocated 1 million rupees for programmes under the Plan. Budgetary funds would also be allocated to relevant sectors in other ministries.

25. Licences were not issued to NGOs for the purpose of providing alternative care for children. The Seychelles Children's Foundation managed the State-owned children's home, and other children's homes were run by the Catholic Church. A monitoring mechanism oversaw compliance with care standards in both church-run and State-owned institutions. Action to address any shortcomings was discussed with the management. Most children were referred to such institutions by the Social Services or other child protection partners. Social Services decided, following a needs assessment, whether it was in the best interests of children to be removed from a family that was neglecting them on account of drugs, alcohol or other problems, and to be placed in alternative care.

26. **Ms. Ayoubi Idrissi** asked whether funds had been withdrawn from any NGOs that provided services for children because they had failed to respect their commitments. Were they linked by a formal instrument to the Social Affairs Department? She asked whether decisions to place children in a context other than their family environment were taken on the basis of administrative or judicial procedures.

27. **Ms. William-Melanie** (Seychelles) said that the Social Affairs Department had never withdrawn funds from NGOs, with which it had excellent working relations. The Children Act authorized the Director for Social Services to identify homes for the placement of children. As the placement required legal backing, the Social Affairs Department submitted an application to the Family Tribunal, which issued a compulsory care order for placement in the chosen home.

28. As Seychelles was a small island State with a closely knit community, there was both a formal and an informal system of foster care. Relatives would offer to take care of children under the informal system if they encountered difficulties at home. A formal scheme for foster care had been established under the Children Act. Families that were assessed as being of good standing were provided with financial assistance. Eight foster parents and nine children were currently registered under the scheme.

29. The Children Act also provided the framework for adoption. Its provisions had been reflected in guidelines and policies, and a register of children and potential adoptive parents was maintained. The adoption procedure was begun by screening and assessing the suitability of prospective adoptive parents. Citizens were free to adopt children both locally and abroad. However, international adoptions must comply with domestic legislation, and the Social Services Division offered guidance and counselling on the procedures to be followed. Local court rulings had been issued on 10 adoption cases in 2016.

30. As soon as children were placed in alternative care, a plan for reintegration with their biological parents was developed. The plan and its outcome depended on the duration of alternative care, an assessment of the home environment and protective measures taken by the biological parents, and an assessment of the homes of other biological relatives who were willing to look after the child for a temporary period.

31. Children could submit confidential complaints via a special helpline. In addition, key child protection partners were entitled to receive complaints of abuse. Support could be sought from a pool of trained educators and counsellors in the education system, who channelled children's complaints to appropriate professionals. Complaints could also be

filed with district social workers and with the National Council for Children. They were then investigated by social workers and the police child protection team.

32. **Ms. Ayoubi Idrissi** asked how many complaints had been filed with the education system and the National Council for Children and what action had been taken to address them.

33. **Ms. William-Melanie** (Seychelles) said that most complaints were referred to the Social Services Division. A total of 143 complaints of sexual abuse had been filed during the past two years. Investigations had been required in some cases to establish whether the complaints were founded. She had no statistics for complaints filed through the children's helpline.

34. With regard to recreational and cultural activities for children in care homes or in the juvenile justice system, children in care homes attended school and could therefore participate in extracurricular activities, including cultural events and sports clubs. They could also attend events at the national level, such as the Creole Festival. Children with disabilities were encouraged to join other children in sports, including the Special Olympics and Paralympic Games.

35. The Government acknowledged that sexual exploitation of minors presented a major challenge. Information in some cases remained anecdotal and was not formally reported to the competent authorities. There was no confirmation of any direct link to poverty. However, surveys had demonstrated that sexual exploitation was closely linked to the drug problem.

36. No cases of child trafficking had been formally reported by the end of 2017. A referral mechanism had been developed by the National Coordinating Committee on trafficking in persons in coordination with the United Nations Office on Drugs and Crime. All enforcement agencies had been trained to use the referral mechanism and would exchange information and seek assistance if any potential case was identified. An initial assessment was conducted by a social worker, who could request medical or psychological support from a health-care agency.

37. The State recognized the need to step up its campaign to sensitize the tourism industry to the issue of the sexual exploitation of minors and to encourage it to report any potential cases identified to the proper authorities. The National Coordinating Committee planned to develop a policy that would effectively raise awareness of the problem among tourism establishments.

38. **Ms. Ayoubi Idrissi** asked whether the State party intended to adopt a code of conduct for tourism professionals, including various transport industries. Such a code would not be binding but would probably be more effective than awareness-raising campaigns. It was important to target not only foreign tourists but also local staff employed in the tourism industry.

39. **Mr. Gastaud** asked whether the State party's legislation criminalized paedophilia.

40. **Ms. William-Melanie** (Seychelles) said that consultations would be held with a wide range of stakeholders in the tourism sector with a view to developing a code of conduct. The National Coordinating Committee on trafficking in persons would participate in the consultations. She confirmed that paedophilia was criminalized under the country's Penal Code.

41. **Ms. Todorova** (Country Rapporteur) said that negotiations with the tourism industry on a code of conduct should be quite straightforward, since the relevant standards and children's rights formed part of corporate social responsibility.

42. **Ms. William-Melanie** (Seychelles) said that NGOs engaged in child protection were collaborating with the Ministry of Family Affairs with a view to preventing child suicide. A psychologist was on call, and children could seek assistance through an open telephone line. The NGO Stand Up Step Up Seychelles had also established a helpline and had launched an awareness-raising campaign to prevent suicide and bullying. Child suicide was in fact a very rare phenomenon.

43. **Ms. Marguerite** (Seychelles) said that the committee that had been reviewing the Civil Code since 2015 was chaired by the Chief Justice. The delay was due to the fact that the Code contained 2,279 articles. Moreover, subsidiary legislation also needed to be reviewed. The committee hoped to conclude the process in 2018.

44. The Children Act also continued to be reviewed and priority was being given to the repeal of provisions that promoted corporal punishment. The authorities were also determined to update other legislation applicable to children. The dialogue that had begun with the new Attorney General would take into account international best practices and new developments in child protection.

45. Seychelles had ratified the Hague Convention on the Civil Aspects of International Child Abduction and the Hague Convention on Protection of Children and Cooperation in respect of Intercountry Adoption. Although they had not yet been fully incorporated into domestic legislation, the existing legislation enabled their provisions to be implemented.

46. **Ms. Ayoubi Idrissi** said that she wished to underscore the need to incorporate treaties into domestic legislation. She asked whether the Convention on the Rights of the Child had been invoked in any judicial decisions in the State party.

47. **Ms. Marguerite** (Seychelles) said that, although she was not aware of any instances in which the Convention had been invoked, the courts worked on the principle that the best interests of the child should be a primary consideration. As the domestic law presented no obstacles to implementing the Convention, there was no need to domesticate it.

48. In collaboration with the International Labour Organization, the Government had drawn up a list of hazardous work for children, which would be incorporated into national legislation. The proposed amendments to the Employment Act included provisions to address child employment in tourist accommodation, restaurants and shops and to ban the employment of persons under the age of 18 between 10 p.m. and 5 a.m., unless written permission was provided. There were 11 labour inspectors in Seychelles.

49. **Mr. Gastaud** said that he wished to know whether labour inspectors were authorized to make unannounced visits; whether anyone had been prosecuted for violation of the labour laws; and whether the amendments to the Employment Act also addressed children employed in domestic work.

50. **Ms. Marguerite** (Seychelles) said that labour inspectors were authorized to conduct unannounced inspections and that any infractions were referred to the prosecution services. She was unable to confirm whether there had been any cases of children employed in domestic labour. With regard to work in other circumstances, the Government was considering raising the minimum age for light work to 13 years, but no policies had yet been issued.

51. A National Framework on Orphans, Vulnerable Children and Youth was being developed with the aim of identifying children in need of attention and assessing the services available. Such children remained protected under other mechanisms in the meantime.

52. **Ms. Sandberg** said that it would be interesting to know how the State party defined "orphan" in that case. Noting that States parties were strongly advised to domesticate the Convention, she asked how the Government ensured that the best interests of the child were always taken as a primary consideration in the courts and whether, in that connection, the Committee's general comment No. 14 (2013) was widely known.

53. **Ms. Marguerite** (Seychelles) said that the principle of taking the child's best interests as a primary consideration had been integrated into the domestic law and was referred to frequently in court rulings.

54. In the context of the National Framework on Orphans, Vulnerable Children and Youth, "orphans" referred to children without either parent. Provisions were also in place to provide support for other groups, including children who had lost one parent.

The meeting was suspended at 11.30 a.m. and resumed at 11.50 a.m.

55. **Ms. Marguerite** (Seychelles) said that, in 2013, the National Bureau of Statistics had calculated the income poverty rate to be 39.3 per cent. In 2016, the World Bank Group had reported an extreme poverty rate of 1.1 per cent and a moderate poverty rate of 2.5 per cent; it had, however, used a methodology that was not suitable for measuring poverty in Seychelles. The National Bureau of Statistics had carried out a poverty survey in 2017, in which it had identified a number of issues, including inadequate housing conditions, unemployment and drug abuse. To combat those issues, the President had established the Office of the Secretary of State for Poverty Alleviation, which had announced the introduction of a targeted policy approach to combating poverty. The results of the survey would also guide the development of a national anti-poverty strategy. In addition, steps were being taken to develop a comprehensive poverty index.

56. Seychelles had a strong social welfare system. Workers on low incomes did not pay tax, and tax on basic commodities was being reduced. Assistance was also provided in the form of childcare support, school meals and supplies for children from low-income families, and benefits for children with disabilities, orphans, abandoned children and children who had lost a parent.

57. Owing to resource constraints, no specific measures had yet been adopted to address the needs of asylum seekers. No asylum seekers had yet arrived in Seychelles; were any to come, existing structures would be adapted to accommodate them.

58. **Ms. Sandberg** asked whether the poverty alleviation policies under development would contain specific sections on combating poverty among children.

59. **Ms. Marguerite** (Seychelles) said that she expected that they would.

60. **Ms. Simeon** (Seychelles) said that the Education Sector Medium Term Strategy 2013–2017 was in the final stage of implementation and that the first stage of the review process had been completed. The strategy had not been implemented fully owing to a lack of financial and human resources; it had, however, led to the finalization of the Education (Amendment) Bill, which would extend the powers and responsibilities of head teachers and improve the safety of educational institutions. The strategy for 2018–2022 would place greater focus on improving school facilities and education.

61. Vocational training was provided in primary and secondary schools and in post-secondary vocational training centres. Both male and female students had equal access to such training.

62. Efforts to provide special needs education had been hampered by a lack of funding and of trained professionals. Nonetheless, numerous initiatives had been adopted to include children with disabilities in mainstream education, such as establishing special needs centres within mainstream schools and making educational facilities physically accessible. There was also a centre for children with severe disabilities who were unable to enter mainstream education.

63. **Ms. Ayoubi Idrissi** said that she would welcome answers to the questions on measures to combat absenteeism and discourage school dropout and on the juvenile justice system. She welcomed the statistics on suicide that had been provided in the replies to the list of issues (CRC/C/SYC/5-6/Add.1) and asked what year they had been collected in.

64. **Ms. Simeon** (Seychelles) said that students dropped out of school for various reasons, such as pregnancy or failure to return after being suspended. Programmes had been introduced in schools to support students who were at risk of dropping out. In addition, a survey was being carried out to identify the dropout rate and the motivating factors. A residential centre was under development which would offer schooling and psychosocial support to students from troubled home environments who had dropped out of school, in addition to support for their parents to help them improve the home environment. For older children, a skills development programme was being created which would prepare them to enter further training or employment. In addition, school attendance officers had been appointed in 2016 to follow up on students who were regularly absent, primarily by establishing contact with their parents.

65. **Ms. Sandberg** said that it was concerning that students were dropping out of school after being suspended. She asked what the grounds for suspension were, what the minimum age for suspension was and what alternative measures were used to deal with student misconduct.

66. **Ms. Simeon** (Seychelles) said that schools had a pastoral care plan for dealing with student misconduct, in which suspension was used only as a last resort. Students were not suspended indefinitely, and contact was maintained with the parents throughout the suspension period.

67. **Ms. William-Melanie** (Seychelles) said that children were held in pretrial detention only as an exceptional measure. Police stations were designed such that children were not detained with adults.

68. **Ms. Ayoubi Idrissi** said that she also wished to know whether children were detained together with adults once they had been sentenced and deprived of their liberty. She wondered whether prisons had separate wings for children.

69. **Ms. Todorova** said that legislation on the age of criminal responsibility was confusing. Article 15 of the Penal Code provided that persons under the age of 7 years could not be held criminally liable, but that persons between the ages of 7 and 12 years could be held criminally liable if they had the capacity to know that what they had done was wrong. The Children Act stated that, children under the age of 14 years could not be sentenced to imprisonment but that children aged from 14 to 18 could be imprisoned if no alternatives were available. She wished to know why the age of criminal responsibility was so low and whether children between the ages of 12 and 18 years who were held criminally liable were treated as juveniles or adults. She also wished to have statistics on the number of child offenders and examples of non-custodial sentences handed down to them.

70. **Mr. Kotrane** said he wished to know how long a child could be held in custody and pretrial detention. The Committee held the view that children should be held in custody for no longer than 24 hours and in pretrial detention for no longer than 6 months. If children were held for longer than six months, he wondered what steps the State party was taking to end that practice.

71. **Mr. Gastaud** asked whether any judges specialized in children's justice.

72. **Ms. Marguerite** (Seychelles) said that children could give evidence in court unless they were deemed incapable of doing so. In most such cases, evidence was given via video link. Children could also ask to be accompanied, and social workers were present while evidence was given.

73. The age of criminal responsibility was 12. However, it was the case that a child aged between 7 and 12 could be held criminally responsible for an act or omission if he or she had had the capacity to know that he or she ought not to commit such act or omission. The Government did not consider that there was any need to revise the provisions of the Code on criminal responsibility and noted that there was no universally accepted standard minimum age of criminal responsibility. In any event, no child below the age of 12 years had been convicted since Seychelles had gained independence in 1976, and efforts were regularly made to divert children from the criminal justice system.

74. **Mr. Kotrane** said that the Committee recommended that States parties increase their minimum age of criminal responsibility to at least 12 years. He hoped that Seychelles would reconsider its position in that respect.

75. **Ms. Marguerite** (Seychelles) said that the Committee's concern regarding the minimum age of criminal responsibility had been noted. Achieving consensus on amending the minimum age had been difficult, but her ministry continued to advocate for it. Since a new Attorney General had been appointed, it was hoped that more progress could be made in that regard.

76. While no judges specialized in children's justice, some were more frequently assigned to children's cases. In addition, magistrates were appointed to sit on the Family Tribunal of the Social Affairs Department and were thus familiar with recurring children's issues.

77. **Ms. William-Melanie** (Seychelles) said that children could be detained for 24 hours at the discretion of the police and would generally be visited by probation officers or social workers during that time. Subject to the approval of the court, they could be detained for up to seven days while investigations were ongoing. After seven days, a magistrate would generally grant conditional bail. Regrettably, children had previously been detained for more than six months, sometimes for their own protection, but the Chief Justice had put an end to such practices.

78. While prisons did not have separate juvenile wings, on the rare occasion that children were given custodial sentences, the prison authorities did their utmost to ensure they were not detained with adults. A juvenile detention centre was under construction and would open in 2019.

79. Children's cases were heard before juvenile courts, which rarely handed down prison sentences. Alternative sentences included probation orders, community service orders and fines, according to the gravity of the offence.

80. **Ms. Todorova** asked if there was a difference between the ages of consent for boys and girls and, if so, why.

81. **Ms. Marguerite** (Seychelles) said that there was no difference between the ages of sexual consent for boys and girls.

82. **Mr. Nelson** asked what kind of investigations were conducted while children were detained for up to seven days.

83. **Ms. William-Melanie** (Seychelles) said that the investigations in question were conducted by the police.

84. **Mr. Nelson** asked whether such detention was without charge and, if so, whether children had access to their family and legal counsel.

85. **Ms. William-Melanie** (Seychelles) said that such detention was without charge. Detained children had access to their family in addition to probation officers, social workers and legal counsel.

86. **Ms. Todorova** asked for clarification on article 15 of the Penal Code, which stated that a male person under the age of 12 years was presumed to be incapable of having carnal knowledge.

87. **Ms. Skelton** said that in many countries such outdated provisions had been inherited from English law but had since been repealed.

88. **Ms. Marguerite** (Seychelles) said that certain provisions of the Penal Code were due to be reviewed.

89. **Ms. Todorova** said that she welcomed the State party's commitment to fulfilling its obligations under the Convention. She hoped that the Government would continue to harmonize its legislation with international standards.

90. **Ms. Simeon** (Seychelles) said that she was grateful for the Committee's recommendations and looked forward to receiving its concluding observations. The Government would continue to address areas for improvement to ensure that children's voices were heard.

The meeting rose at 12.55 p.m.